

## **SAMPLE ONLY**


**We have received a Report of Industrial Injury or Occupational Disease for the employee named below.**

- If you have received the Employer's Portion of the Report of Industrial Injury or Occupational Disease (Accident Report) from the medical provider, please complete and send it to:

**Department of Labor and Industries  
PO Box 44299  
Olympia WA 98504-4299**

- If you have not received the Employer's Portion, call your local office of the Department of Labor and Industries. Or, call Employer Services (360) 902-4817 or toll-free 1-800-LISTENS and one will be mailed to you.
- IF YOU HAVE ALREADY SENT IN THE EMPLOYER'S PORTION, NO FURTHER ACTION IS NECESSARY.
- If this person was not your employee on the date of injury, please notify our Employer Services, PO Box 44144, Olympia WA 98504-4144, with a written statement.

Review the risk classification and determine if your firm reports this employee's hours in the class indicated below. Notify our Employer Services Section at (360) 902-4817 of any discrepancies.

		<b>DEPARTMENT OF LABOR AND INDUSTRIES</b> <b>PO Box 44144</b> <b>Olympia WA 98504-4144</b>		<div style="border: 1px solid black; padding: 5px;"><b>FIRST CLASS MAIL</b> <b>U.S. POSTAGE PAID</b> <b>OLYMPIA WA</b> <b>PERMIT #312</b></div>	
<b>NOTICE OF CLAIM ARRIVAL</b> <small>THIS NOTICE DOES NOT NECESSARILY MEAN THAT THE CLAIM IS APPROVED</small>					
<b>IF THIS IS NOT THE CORRECT EMPLOYER, NOTIFY THE DEPARTMENT IN WRITING IMMEDIATELY</b> EMPLOYEE'S NAME					
CLAIM NUMBER		Use this claim number on all correspondence pertaining to this injury		<b>TO:</b>	
DATE OF ACCIDENT		UBI NUMBER			
RISK CLASS / NOTIFICATION DATE / ACCOUNT ID					